

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

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| SERIAL NO. | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| NO. | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | NO. | | | NO. | | |
|--------------|----------|------|------------------------|------|------------------------|------|-----|------|------|-----|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | | IND. | DEP. |
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| TOTAL IND. | 5 | | | | | | | | | | | |
| TOTAL DEP. | 6 | | | | | | | | | | | |
| TOTAL CLAIMS | 1 | | | | | | | | | | | |

CLAIMS ONLY

SERIAL NO.
10080794

APPLICANT(S)

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 5 | | | | | |
| TOTAL DEP. | 6 | | | | | |
| TOTAL CLAIMS | 1 | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |